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APPLICANTS

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** CONTINUING DATA *****

None *adm*

** FOREIGN APPLICATIONS *****

None *adm*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>D. Alalamud</i> Examiner's Signature	Initials		

ADDRESS

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TITLE

Differentiation of central sleep apnea and obstructive sleep apnea using an implantable cardiac device

FILING FEE RECEIVED 874	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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